

62001

9998

Utah
tax rates,
forms
& pubs

tax.utah.gov

Utah State Tax Commission
210 N 1950 W • Salt Lake City, UT 84134-0400**Sales and Use Tax Return**
Multiple Places of Business**TC-62M**

Rev. 8/07

Acct. #: _____

Period: _____
FROM (mmddyyyy) TO (mmddyyyy)Return Due Date: _____
(mmddyyyy)Use this PIN to file online at utah.gov/salestax_____ Check here if this is an AMENDED return. Enter
the correct TAX PERIOD (above) being amended.

_____ Check here to STOP receiving PAPER FORMS.

_____ Check here to close your account.

THIS RETURN MUST BE FILED, EVEN IF NO TAX IS DUE.

1. Total sales of goods and services • 1 _____
2. Exempt sales included in line 1 • 2 _____
3. Taxable sales (line 1 minus line 2)..... 3 _____
4. Goods purchased tax free and used by you..... • 4 _____
5. Total taxable amounts (line 3 plus line 4) 5 _____
6. Adjustments (attach explanation showing figures) • 6 _____
7. Net taxable sales and purchases (line 5 plus or minus line 6) • 7 _____
8. Tax calculation
- a. Non-food and prepared food sales tax (enter total tax from Schedules A, B & X)..... • 8a _____
- b. Food sales tax, not including prepared food (enter total tax from Schedules AG & BG) • 8b _____
9. Total tax (line 8a plus line 8b) • 9 _____
10. Residential fuels included in line 7 \$_____ x .0265 • 10 _____
11. Total state and local taxes due (line 9 minus line 10) • 11 _____
12. Seller discount, for monthly filers only (line 11 x .0131) 12 _____
13. **Additional** food seller discount, for monthly filers only (line 8b x .0127) 13 _____
14. NET TAX DUE (line 11 minus line 12, minus line 13) • 14 _____
15. Qualified exempt purchases or leases of manufacturing or mining equipment and normal
operating repair or replacement parts and sales or leases of semiconductor fabricating, • 15 _____
processing, research or development materials

☐ Check here if payment is made by electronic
funds transfer for TAX TYPE CODE 0400.

I declare under the penalties provided by law that, to the best of my knowledge, this is a true and correct return.

Authorized Signature_____
Date_____
Telephone**Return the original form; make a copy for your records.**